



## Maricopa County Diabetes Management Program

**Employee Instructions:** Take this form with you to your next doctor appointment. Ask the doctor to complete the date(s) of the test and sign this form. **Please do not have test results included.** A dated receipt, also called a Superbill, is acceptable verification if it contains information showing the specific test was completed.

Direct questions regarding completion of this form or the Diabetes Management Program to:

**Lindsey Grantham, Wellness Coordinator**

602-506-3758

[granthaml@mail.maricopa.gov](mailto:granthaml@mail.maricopa.gov)

Deliver the completed form to:

**Employee Health Initiatives Department**

Attention: Lindsey Grantham

301 W Jefferson St., Suite 201

Phoenix, AZ 85003

Or fax the form to (602) 506-1292.

Test	Test Type/Description	Frequency	Date Completed		Doctor's Name
Hemoglobin A1c	Blood test measures the blood sugar control over the past 90 days	Semi-annually			
Comprehensive Foot Exam	Tests for amount of feeling in feet: includes monofilament, tuning fork, palpation and visual exam	Annually			
Fasting Lipid Panel	Total cholesterol, LDL, HDL, and triglycerides	Annually			
Kidney Function	Microalbuminuria Screening	Annually			

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date